

POSITION	INIT.	DATE
CLASSIFIER		1-11-93
EXAMINER	281	1-14-93
TYPIST	331	4/15/93
VERIFIER	314	4-8-93
CORPS CORR.		
SPEC. HAND	405	4-1-93
FILE MAINT.	407	1-28-93

INDEX OF CLAIMS

Claim	Date
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SYMBOLS:
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 (Through) Cancelled
 N Not Selected
 I Not Selected
 A Appeal
 O Objected

Claim	Date
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